

Work Order ID 116936

April-24-14 8:41:00 AM

116936

Page 1

Item ID: D3284-009

Revision ID:

Item Name: Bearing

Start Date: 4/23/14

Start Qty: 25.00

25

Required Date: 4/23/14

Req'd Qty: 25.00

25

Reference:

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals:

Process Plan: MJS

Date: 14-04-25

QC:

Date:

Tooling:

Date:

SPC (Y/N):

Date:

Run Start

NR1

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D3284

B

100

100

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: 23969 to Eagle Copters

Order P/N: 47-140-252-5

Certificate of Conformity is required

0.00

0.00

C2 14/04/28 25

110

110

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

Memo

Ensure certificate of conformity is attached

0.00

0.00

16/5/10 25

DAS

27

9-29

120

120

QC

Quality Control

QC5- Inspect part completeness to step on W/O

Memo

0.00

0.00

14/5/12

25

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____

Work Order ID 116936

April-24-14 8:41:00 AM

116936

Page 2

Item ID: D3284-009

Revision ID:

Item Name: Bearing

Start Date: 4/23/14

Start Qty: 25.00

25

Required Date: 4/23/14

Req'd Qty: 25.00

25

Reference:

Approvals:

Process Plan: _____

Date: _____

QC: _____

Date: _____

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Run Start

NR1

Stop

NR2

Tooling: _____

Date: _____

SPC (Y/N): _____

Date: _____

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

Identify as per dwg & Stock Location: 51036

0.00

130

Packaging

Memo

0.00

Packaging

25xDAS
28
9-89

MAY 02 2014

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

ML9 14-05-054-05-05

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

April-24-14 8:41:03 AM

Page 1

Work Order ID: 116936

116936

Parent Item: D3284-009

D3284-009

Parent Item Name: Bearing

Start Date: 4/23/14

Required Date: 4/23/14

Start Qty: 25.00

Required Qty: 25.00

Comments: IPP Rev:A04.05.13New IssueKJ/DS
PER DWG REV.B DD VERF:EC

IPP REV:B 11.02.25 AS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

047-140-252-005

Purchased

No

110

Each

0.0000

1

25

047-140-252-005

Rod Bearing End

**

14/5/1 20



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO23969

Purchase Order Date 4/28/2014

PO Print Date 4/28/2014

Page Number 1 of 2

Order From :

VU-EAG002

EAGLE COPTERS MAINTENANCE LTD.
823 MCTAVISH ROAD N E
CALGARY, AB T2E 7G9
CA

Ship To : DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FOI 104/158

Contact Name

Vendor Phone 403-250-7370

Ship To Contact

Ship To Phone

Ship Via: FedEx PI collect

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
	Line Comments		Promise Date				
	Delivery Comments						
1	D4324-045P	Cushion Assembly	5/2/2014		8.00	\$80.00	\$640.00
			Yes		Each		
			5/2/2014				
	AS PER DWG D4324 REV. B B117560 EAGLE P/N: EA20469-16						
						Line Total:	\$640.00
2	047-140-252-005	Rod Bearing End	5/2/2014		25.00	\$108.56	\$2,714.00
			Yes		Each		
			5/2/2014				
	AS PER DWG D3284 REV. B B116936						
						Line Total:	\$2,714.00

Note:

4/28/2014

Eagle Copters Maintenance Ltd

823 McTavish Rd, NE
Calgary, Alberta T2E 7G9
Canada

Telephone: (403) 250-7370

Fax: (403) 250-7110

Packing Slip

April 30, 2014

Shipment number: SH#14-001324
Customer PO number: PO23969

Ship To: Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Phone: (613)632-5200

Ship Via: FED EX
Carrier Terms:

Waybill: 798706781031
Customer PO number: PO23969

Item	Part Number	Part Description	Current Location	Qty UOM	Serial Number	Lot Num
1	EA20469-16-1	PAD, ARM REST	Shipping Area	8 Each		LT-13-0168
Type of sale: Outright						

Sales Order Number: SO14-00643.001

Eagle PO Number:

P1
email Chantal tracking #

2	047-140-252-005	BEARING	Shipping Area	25 Each		LT-14-0065
Type of sale: Outright						

Sales Order Number: SO14-00643.002

Eagle PO Number: PO-14-002541.1

P1
email Chantal tracking #

Parts Waiting To Ship

Item	Part Number	Part Description	Qty Sold	Waiting to Shi
1	EA20469-16-1	PAD, ARM REST	8	

All Parts being sent on this packing slip have the original certification on file at Eagle Copters Ltd.

* End of Report *

>> denotes that the Packing Slip line item has already been printed.

Eagle Copters Maintenance Ltd.

121
Tavish Road, NE Calgary, Alberta T2E 7G9

TCCA AMO Approval No. 6-81

LOT #: LT-14-006543



Sold To: SO14-00643.002

Sold Date: 4/29/2014 7:03:11PM

PART #: 047-140-252-005

Description: BEARING

Serial No:

Condition: New

Qty Sold: 25.00

Cure Date:

Manufacturer Bell Helicopter (Manufacturer)

	Cycles	Hours
Total Time:	_____	_____
TSO:	_____	_____
Time Remaining:	_____	_____

Details of work performed/reason for removal

Receiving Inspection

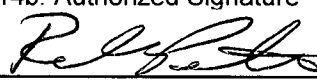
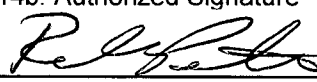

Additional work to be performed upon installation

April 29, 2014

Inspector

Lic. Stamp



1. Approving National Authority/Country Transport Canada		Authorized Release Certificate FORM ONE			3. Form Tracking Number SO14-00643.002
4. Approved Organization Name and Address Eagle Copters Maintenance Ltd 823 McTavish Road NE, Calgary, Alberta, Canada, T2E 7G9		TCCA AMO Number 6-81 EASA Part- 145.7028 Chilean Approval Number 333			5. Work Order/Contract/Invoice INV-14-001665.2
6. Item 2	7. Description BEARING	8. Part Number 047-140-252-005	9. Quantity 25 Each	10. Serial Number/ Lot Number LT-14-006543	11. Status/Work Inspected
12. Remarks Above product was purchased new from Eagle approved vendors. This product has been passed through receiving inspection in accordance with the TCCA approved Eagle Maintenance policy manual and all certification kept on file at Eagle Copters. Time Since New: <u>0.0</u> Time Since Overhaul: <u>NA</u> Other: <u>NA</u>					
13a. Certifies that the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in condition for safe operation <input type="checkbox"/> Non-approved design data specified in block 13			14a. <input checked="" type="checkbox"/> CAR 571.10 Maintenance Release <input type="checkbox"/> Other regulations specified in block 12 Certifies that, unless otherwise specified in block 12, the work identified in block 11 and described in block 12 has been performed in compliance with the Canadian Aviation Regulations		
13b. Authorized Signature 		13c. Certificate/Approval No.		14b. Authorized Signature  	
13d. Name		13e. Date		14c. Certificate/Approval No. TC AMO Approval No. 6-81	
13d. Name		13e. Date		14d. Name ROB PETERS	
13d. Name		13e. Date		14e. Date (mm/dd/yyyy) 04/30/2014	

Installer Responsibilities

This certificate does not constitute authority to install. Installers working in accordance with the national regulations of a country other than that specified in block 1 must ensure that their regulations recognize certifications from the country specified. Statements in blocks 13a and 14a do not constitute installation certification. In all cases, the technical record for the aircraft must contain an installation certification issued in accordance with the applicable national regulations before the aircraft may be flown.

